Form 990

EXTENSION ATTACHED

Form 990			1					OMB No. 1545-0047
	v. January 20			Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr				2019
Department of the Treasury Internal Revenue Service				 Do not enter social security numbers on this form as it may be made Go to www.irs.gov/Form990 for instructions and the latest info 	e public.			Open to Public Inspection
Α	For the 2	019 calend	lar y	year, or tax year beginning $7/01$, 2019, and ending	6/3	30		, 2020
В	Check if app	olicable:	С			D Employ	er ident	ification number
	Addres			rnegie Council for Ethics in		13-1	1573	954
	Name			ternational Affairs, Inc.	Γ	E Telepho	ne numl	ber
	Initial r			0 E 64th Street		(21)	2) 8	38-4120
	Final ret	urn/terminated	Ne	w York, NY 10065	ŀ	(==-	_, .	
		ed return				G Gross re	acaints	\$ 9,288,865.
		ation pending	F	Name and address of principal officer: Joel Rosenthal		group retur		
	Applica		с	JOEL ROSENTAL	.,			103 110
-	Tay ayon		1 1	me As C Above [7] 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No,"	subordinates attach a list.	(see in	structions)
÷		npt status:	_					
J	Websit					xemption nu		
ĸ		organization:	_	Corporation Trust Association Other ► L Year of formation	n: 1914	. Mis	State of I	egal domicile: NY
Pa		Summary		a na an	. .			<u></u>
	1 Bri	efly describ	be tr	ne organization's mission or most significant activities: An_independ	<u>dent,</u>	<u>nonpa</u>	<u>rtıs</u>	<u>an, nonprofit</u>
9	<u>01</u>			on dedicated to increasing understanding of t	<u>he re</u>	latior	lship	<u>between</u>
an	<u>et</u>	<u>inics an</u>	na	international_affairs				
Governance								
õ	2 Che 3 Nui	eck this bo		if the organization discontinued its operations or disposed of more members of the governing body (Part VI, line 1a)				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3 Nul 4 Nul			endent voting members of the governing body (Part VI, line Ta)			3	16
es	5 Tot			ndividuals employed in calendar year 2019 (Part V, line 2a)			4 5	<u>15</u> 2
Activities &	6 Tot			volunteers (estimate if necessary)			6	18
PCT:	7a Tot			usiness revenue from Part VIII, column (C), line 12			7a	0.
~				iness taxable income from Form 990-T, line 39			7b	0.
						ior Year		Current Year
	8 Co	ntributions	and	grants (Part VIII, line 1h)		432,5	25	2,861,450.
Revenue				revenue (Part VIII, line 2g)		218,0		27,530.
ver		-		e (Part VIII, column (A), lines 3, 4, and 7d)		479,1		759,334.
æ				art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		651,4		462,723.
			•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,781,0		4,111,037.
	13 Gra	ants and sir	mila	r amounts paid (Part IX, column (A), lines 1-3)		346,6		80,795.
	14 Bei	nefits paid	to o	or for members (Part IX, column (A), line 4)		, -		
		•		mpensation, employee benefits (Part IX, column (A), lines 5-10)		,426,0	75	2,441,731.
es	16 a Pro			raising fees (Part IX, column (A), line 11e)		,420,0	13.	2,441,751.
Expenses	10a 110							
_ <del>2</del>	b lot			expenses (Part IX, column (D), line 25) ► 350,898.				
	17 Otr			Part IX, column (A), lines 11a-11d, 11f-24e)	1	<u>,300,2</u>	77.	750,487.
	18 Tot	al expense	es. A	Add lines 13-17 (must equal Part IX, column (A), line 25)	4	,072,9	85.	3,273,013.
	-	venue less	exp	benses. Subtract line 18 from line 12	-2	,291,8	89.	838,024.
Assets or Balances						g of Curren		End of Year
eeta alan	<b>20</b> Tot			t X, line 16)	37	,214,7		38,121,263.
¶ ¶ ¶	<b>21</b> Tot	al liabilities	s (P	art X, line 26)		61,9	54.	478,317.
Net.	22 Ne	t assets or	fund	d balances. Subtract line 21 from line 20	37	,152,7	72.	37,642,946.
Pa	art II 🛛 🤱	Signature	e B	lock				· · ·
Und	er penalties o	of perjury, I dec	clare	that I have examined this return, including accompanying schedules and statements, and to the ther than officer) is based on all information of which preparer has any knowledge.	e best of my	/ knowledge	and beli	ef, it is true, correct, and
com	plete. Declar	ation of prepar	rer (o	ther than officer) is based on all information of which preparer has any knowledge.	-	-		
			_					
Sign		Signatur	e of o	officer	Date	е		
He	re	Joel	LR	osenthal	Presi	dent		
				name and title				
		Print/Type pr	repar	er's name Preparer's signature Date		Check	if	PTIN
Pa	id	Michae	1	Schall Michael Scholl 5/7/202		self-employe	_	P02024184
	eparer	Firm's name		► SCHALL & ASHENFARB CPAS	-	pioy	-	
Us	e Only	Firm's addres		→ 307 5th Ave, 15th Floor		Firm's EIN	12	-4036703
	, <b>,</b>	i ini s duure:	55					
				NEW YORK, NY 10016		Phone no.	(212	2) 268-2800

Use Only	Firm's address	▶ 307	5th Ave,	15th F	Floor		Firm's EIN 🕨	13-4	036703	}	
		NEW	YORK, NY	10016			Phone no.	(212)	268-2	800	
May the IRS	discuss this r	eturn wit	h the preparer	shown abo	ove? (see instructions)				X Yes		No
BAA For Pa	perwork Redu	uction Ad	t Notice, see	he separat	te instructions.	TEEA0101L 01	/21/20		Form	990 (	(2019)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	8868	
orm	8000	

(Rev. January 2020) Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

01

File a separate application for each return.

#### Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.						
	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
	Carnegie Council for Ethics in International Affairs, Inc. Number, street, and room or suite number. If a P.O. box, see instructions.	13-1573954				
due date for	170 E 64th Street City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York, NY 10065					

Enter the Return Code for the return that this application is for (file a separate application for each return) .....

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of • Melissa Semeniuk

Telephone No. ► (212) 838-4120

Fax No. ►

D	If the organization does not have an office or place of business in the United States, check this box	
)	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group,	
	check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members	
	the extension is for.	

1 I request an automatic 6-month extension of time until 5/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20
 or

	► X tax year beginning		<u>19</u> , and ending	_ <u>6/30</u> , 20	<u>20</u> _·	
2	If the tax year entered in line	e 1 is for less than 1	12 months, check reas	on: Initial return	Final return	

Change in accounting period		
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	

			1
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$

**c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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Forn	n 990 (2019) Carnegie Council for Ethics in	13-1573954	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the private the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the private services during the year which were not listed on the pri	or 🗖	<b>—</b> 1
	Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices? Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ices, as measured by is to others, the total	expenses.
	and revenue, if any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 1,011,081. including grants of \$ 29,409.) (R		)
	Multimedia Distribution - The Carnegie Ethics Studio produces poo		
	transcripts, and live streams of Carnegie Council's public progra	<u>ams, special e</u>	events,
	and closed-set studio interviews. The Studio ensures that the Cou		
	research and public education programs reach worldwide audiences		
	widely accessible channels. These have historically included public		
	Award winning public television programs. Today, the Studio focus		
	online distribution networks, including Carnegie Council's top ra	ited podcast a	and
	video_channels_on_iTunes_and_YouTube		
41	b (Code:) (Expenses \$ 679,727. including grants of \$ 51,386.) (R		)
	Public Education - Carnegie Council's public education programs a		
	dimensions of international issues more visible and accessible to and the general public. These programs include: Public Affairs le		
	interviews with prominent intellectuals and practitioners; studer		
	international student_essay contests, and annual student_research		
	the peer-reviewed journal Ethics & International Affairs, publish		
	print_and_online_through_Cambridge_University_Press	iou quarcorry	
40	c (Code: ) (Expenses \$ 564,222. including grants of \$ ) (F	Revenue \$	)
	Sponsored Research - Carnegie Council's sponsored research progra	ams advance et	chical
	inquiry, spur public dialogue, and publish policy-relevant finding		
	American foreign policy, collective history, climate change, and		
	technologies. These programs convene expert working groups, lead		egations
	abroad, publish policy papers and articles, host live interviews	and panels, a	and
	support independent researchers around the world. Current sponsor	<u>red research p</u>	programs_
	include U.S. Global Engagement, Artificial Intelligence and Equal	<u>lity Initiativ</u>	<u>/e,</u>
	Carnegie New Leaders and Interns.		
_	d Other program convices (Describe on Schodule O.)		
40	d Other program services (Describe on Schedule O.)		<b>`</b>
Λ.	(Expenses \$including grants of \$) (Revenue \$e Total program service expenses ►2,255,030.		)
BAA		For	m <b>990</b> (2019)
			/

Form 990 (2019)Carnegie Council for Ethics inPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,'</i> complete Schedule D, Part III.	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
I	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12;	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16		16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2019)

Form 990 (2019)Carnegie Council for Ethics inPart IVChecklist of Required Schedules (continued)

_			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
24 ;	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
I	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46		Yes	No
	b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
_ '	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 07/31/19	Form	990 (	(2019)

Form 990 (2019)

13-1573954

Page 4

22	Did th	e organizatio	n ranart	more than	\$5 000 of	f arante o	other	accistanco	to
22	Dia in	e organizatio	πτερυτ	more man	φ3,000 0	i yranis u	ULLEL	assistance	10 0
	colum	n (A) line 22	If Vac	' complete	Schodula	I Parte I	and III		

Form	990 (2019) Carnegie Council for Ethics in 13-1573954		F	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
D	If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			37
	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	5 1 1	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4		X
		14a		^
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.			
16		16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	10		
BAA		orm	990	(2019)

 Part VI
 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI.
 2

Sec	tion A. Governing Body and Management								
					Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	1 a	1	<u>5</u>					
L	authority to an executive committee or similar committee, explain on Schedule O.	1 հ	1	-					
	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations		h any other	2					
2	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other person	ne dire n?	ct supervision	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization					X			
6 Did the organization have members or stockholders?									
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8									
	The governing body?				Х				
ł	Each committee with authority to act on behalf of the governing body?			8 b	Х				
9	<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>								
Sec	tion B. Policies (This Section B requests information about policies not req	quired	l by the Internal F	Reveni	ie Co	ode.)			
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10 a		Х			
ł	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and bra	nches to ensure their	10 b					
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990	). S	ee Schedule O						
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	Х				
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?			12b	Х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was done See. Schedule . Q	Yes,' d	escribe in	12 c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de								
ā	The organization's CEO, Executive Director, or top management official See . Schedule	e0		15a	Х				
ł	Other officers or key employees of the organizationSee .Schedule.0			15b	Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).								
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16 a		X			
ł	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safe	eguard the	16 b					
Sec	tion C. Disclosure			100					
-	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	e), 990	, and 990-T (Section	501(c)(	3)s or	nly)			
	X     Own website     Another's website     X     Upon request     Other		olain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule O			lable to					
20	State the name, address, and telephone number of the person who possesses the organization's bo								
	Melissa Semeniuk 170 E 64th Street New York NY 10065 (21	2) 8	38-4120						

Х

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending worganization's tax year.		

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours per	is	ition (d n one b s both a direc	an of	ficer a	and a e)		<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joel Rosenthal	40									
President	1	Х		Х				380,380.	0.	42,723.
(2) Eva Becker	<u>40</u>									
VPFin thru 6/19	1			Х				163,866.	0.	25,616.
(3) Cynthia Scharf Sr. Strategy Dir.	$-\frac{40}{0}$					Х		175,767.	0.	7,594.
(4) Devin Stewart	40									
Senior Fellow	0					Х		154,844.	0.	5,102.
(5) Madeleine Lynn	40									
Dir. Communcations	0					Х		123,468.	0.	31,413.
Deborah Carroll Director IT	$-\frac{40}{0}$					Х		131,500.	0.	20,734.
(7) Stephen Hibbard	2							·		<u>.                                    </u>
Chairman	1	Х		Х				0.	0.	0.
(8) Anthony Faillace	1									
Vice Chairman	1	Х		Х				0.	0.	0.
(9) Haris Hromic	1									
Treasurer	1	Х		Х				0.	0.	0.
(10) Robert G. Shaw	1									
Secretary	1	Х		Х				0.	0.	0.
(11) Kathleen Cheek Milby	1									
Trustee	1	Х						0.	0.	0.
(12) Aine Donovan	0									
Director	0	Х						0.	0.	0.
(13) Richard Edlin, Esq	1									
Trustee	1	Х						0.	0.	0.
(14) Jonathan Gage	1									
Trustee	1	Х						0.	0.	0.
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1 0	TVII Section A. Onicers, Directors, Th			<b>-</b>					i night st oon		
	(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	box	not ch , unles cer and	s per d a di	ition more rson irecto	is both	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)	<u>Alexander Platt</u> Trustee	<u>1</u> 1	x				<u> </u>		0.	0.	0.
(16)	Kristen Edgreen Kaufman Trustee	$\frac{1}{1}$	X						0.	0.	0.
(17)	Susan King Trustee	<u>1</u>	х						0.	0.	0.
(18)	Brian Mateo Trustee	<u>1</u> 1	Х						0.	0.	0.
	Robert Perlman Trustee	$\frac{1}{1}$	х						0.	0.	0.
	Ronnie Saha Trustee	<u>1</u>	х						0.	0.	0.
(21)	<u>Maxmillian Angerholzer</u> Trustee	<u>1</u> 0	X						0.	0.	0.
(23)											
(24)											
(25)											
c 	Subtotal         Total from continuation sheets to Part VII, Section         Total (add lines 1b and 1c)         Total number of individuals (including but not limited from the organization ► 6	on A	 			· · · ·	I		1,129,825. 0. 1,129,825. more than \$100,00	0. 0. 0. 0 of reportable comp	
3	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such										Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual		le co 50,00	mper 00? /	nsat f 'Y	tion <i>'es,'</i>	and <i>com</i>	oth ple	er compensation te Schedule J for	from	. <b>4</b> X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ,' <i>comple</i>	nsatio ete Sc	n fro chedu	m a ile .	any <i>J foi</i>	unrel r <i>suc</i>	late h p	d organization or erson	individual	. <b>5</b> X
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation	sated ind	epen the c	dent alend	con ar v	ntrac vear	tors endir	tha ng v	t received more th vith or within the or	nan \$100,000 of ganization's tax year	
	(A) Name and business addr				<u>.</u> .,		orrain	.9 .	(B) Description of	<u> </u>	(C) Compensation
Com	munity Counseling Service Co LLC 461 5th	h Avenu	e Ne	w Yo	ork,	, N.	Y 10	01	Fundraising		123,000.
2	Total number of independent contractors (including b \$100.000 of compensation from the organization		ited to	o thos	se li	sted	abov	ve)	who received more	than	

# Form 990 (2019) Carnegie Council for Ethics in

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				(B)	(C)	(D)
			<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectio 512-514
1 a	1 3	1 a				
		1 b				
	° –	1 c				
	° –	1 d				
	<b>,</b>	1 e				
T	All other contributions, gifts, grants, and similar amounts not included above	lf 2,861,450.				
g	Noncash contributions included in					
h	lines 1a-1f	1 g ►	0.061.450			
n		Business Code	2,861,450.			
2 a	Research		27,530.	27,530.		
b			27,330.	27,330.		
c						
d	ı — — — — — — — — — — — — — — — — — — —					
е						
	All other program service revenue.					
g	<b>J Total.</b> Add lines 2a-2f	►	27,530.			
3	Investment income (including dividence	s, interest, and				
	other similar amounts)		751,002.			751,0
4	Income from investment of tax-exe					
5	Royalties	(ii) Personal	91,713.	91,713.		
62	Gross rents	(II) Fersonal				
	Less: rental expenses <b>6b</b>					
	Rental income or (loss) 6c					
	Net rental income or (loss)	▶				
	Gross amount from					
/ a	sales of assets	<u></u>				
h	other than inventory Less: cost or other basis	60.				
	and sales expenses <b>7b</b> 5, 177, 8	28.				
	: Gain or (loss) <b>7c</b> 8,3					
d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	8,332.			8,3
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
	See Part IV, line 18	8a				
	Less: direct expenses	8b				
С	: Net income or (loss) from fundraisi	ng events ►				
9a	Gross income from gaming activities.					
	See Part IV, line 19	9a				
	Less: direct expenses	9b				
	: Net income or (loss) from gaming a					
	Gross sales of inventory, less returns and allowances Less: cost of goods sold	10a 10b				
	Net income or (loss) from sales of i					
		Business Code				
11 a	Management Fee	900099	368,923.	368,923.		
b	• <u>Other_Income</u>	900099	2,087.	2,087.		
С	Management Fee					
е	Total. Add lines 11a-11d		371,010.			
		▶	4,111,037.	490,253.	0.	. 759,3

	t IX Statement of Functional Expense				
Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r				<u> </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	80,795.	80,795.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	435,919.	306,307.	26,370.	103,242.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		1,396,303.	1,026,197.	261,397.	108,709.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,825.	95,871.	20,704.	15,250.
9	Other employee benefits	337,143.	245,190.	52,952.	39,001.
10	Payroll taxes	140,541.	102,210.	22,073.	16,258.
11	Fees for services (nonemployees):				·
ä	Management				
I	Legal	2,090.		2,090.	
(	Accounting				
(	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	29,550.		29,550.	
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	307,363.	181,177.	95,760.	30,426.
13	Office expenses	146,704.	94,959.	34,076.	17,669.
14	Information technology	,	,	,	•
15	Royalties				
16	Occupancy				
17	Travel	21,085.	13,043.	6,103.	1,939.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings	49,089.	29,000.	14,454.	5,635.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,883.	34,097.	7,363.	5,423.
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	35,311.	25,680.	5,546.	4,085.
ä	<u>Repairs &amp; Maintenance</u>	112,412.	20,504.	88,647.	3,261.
(					
	All other expenses.	0.070.010	0.077.077		
25	Total functional expenses. Add lines 1 through 24e	3,273,013.	2,255,030.	667,085.	350,898.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
BAA					Form <b>990</b> (2019)

# Form 990 (2019) Carnegie Council for Ethics in Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response or note to	o any line	in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			450.	1	450.
	2	Savings and temporary cash investments			1,198,488.	2	2,212,646.
	3	Pledges and grants receivable, net			67,207.	3	1,169,514.
	4	Accounts receivable, net			27,001.	4	39,984.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, contribute rsons	director, pr, or 35%		5	
	6	Loans and other receivables from other disqualified p	ersons (as	defined under			
		section 4958(f)(1)), and persons described in section	4958(c)(3)	(В)		6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	31,249.
Å	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,350,494.			·
		Less: accumulated depreciation		5,806,760.	579,923.	10 c	543,734.
	11	Investments – publicly traded securities			32,017,344.	11	31,820,909.
	12	Investments - other securities. See Part IV, line 11			3,021,812.	12	2,132,027.
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			302,501.	15	170,750.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		37,214,726.	16	38,121,263.
	17	Accounts payable and accrued expenses			61,954.	17	52,222.
	18	Grants payable				18	
	19	Deferred revenue				19	
(5	20	Tax-exempt bond liabilities				20	
ties	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	utor. or 35	%		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties	5		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	426,095.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	ed third parties,				
						25	
		Total liabilities. Add lines 17 through 25			61,954.	25 26	478,317.
nces					61,954.		478,317.
alances		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	e► X	]	61,954. 36,890,093.		478,317. 36,473,432.
Balances	26	Total liabilities. Add lines 17 through 25.Organizations that follow FASB ASC 958, check hereand complete lines 27, 28, 32, and 33.Net assets without donor restrictionsNet assets with donor restrictions	<u>, ► X</u>			26	
Fund Balances	26 27	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	<u>, ► X</u>		36,890,093.	26 27	36,473,432.
or Fund Balances	26 27	Total liabilities. Add lines 17 through 25.         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.         Net assets without donor restrictions         Net assets with donor restrictions         Organizations that do not follow FASB ASC 958, check	e ► X		36,890,093.	26 27	36,473,432.
ets or Fund Balances	26 27 28	Total liabilities. Add lines 17 through 25.Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.Net assets without donor restrictionsNet assets with donor restrictionsOrganizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	e ► X		36,890,093.	26 27 28	36,473,432.
<b>Assets or Fund Balances</b>	26 27 28 29	Total liabilities. Add lines 17 through 25.         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.         Net assets without donor restrictions.         Net assets with donor restrictions.         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.         Capital stock or trust principal, or current funds.         Paid-in or capital surplus, or land, building, or equipmer Retained earnings, endowment, accumulated income,	ck here nent fund.		36,890,093.	26 27 28 29	36,473,432.
Net Assets or Fund Balances	26 27 28 29 30	Total liabilities. Add lines 17 through 25.         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.         Net assets without donor restrictions.         Net assets with donor restrictions.         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.         Capital stock or trust principal, or current funds.         Paid-in or capital surplus, or land, building, or equipment	ck here >	unds	36,890,093.	26 27 28 28 29 30	36,473,432.

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Forn	1990 (2019) Carnegie Council for Ethics in 13	8-157	73954		Pa	age <b>12</b>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		4,11	L1.(	)37.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3,2		
3	Revenue less expenses. Subtract line 2 from line 1	. 3				)24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		37,15		
5	Net unrealized gains (losses) on investments.	. 5				350.
6	Donated services and use of facilities	. 6			_ / .	
7	Investment expenses	. 7	'			
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	. 10		37,64	12, <u>9</u>	946.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed o	n a			
1	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	arate				
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	; 		3a		Х
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 01/21/20			Form	99 <b>0</b>	(2019)

SCHEDULE A (Form 990 or 990-EZ)	OMB No. 1545-0047 <b>2019</b> Open to Public										
Department of the Treasury Internal Revenue Service		0	rm990 for instructions	and the	latest II		Inspection				
Name of the organization C	arnegie Co nternation	ouncil for Eth nal Affairs, 1	nics in Inc.			Employer identifica					
			ganizations must of	complet	te this						
<ul> <li>A school descr</li> <li>A hospital or</li> <li>A medical resname, city, ar</li> <li>An organization section 170(b)</li> <li>A federal, station section 170(b)</li> </ul>	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described</li> </ul>										
in section 170	<b>(b)(1)(A)(vi).</b> (	Complete Part II.)	art of its support from a	governme	intai uni	t or from the general put					
8 A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	11.)							
	9 An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
<ul> <li>from activities investment in June 30, 1975</li> <li>An organization or more public lines 12a thro</li> <li>Type I. A supp organization(s) complete Par</li> <li>Type II. A supp management complet</li> </ul>	<ul> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization organization operated. Supervised, or controlled by its supported organization. You must complete Part IV, Sections A and B.</li> </ul>										
d <b>Type III non-fu</b> functionally in instructions). e Check this bo	nctionally integrated. The c tegrated. The c You must com x if the organiz	rated. A supporting org organization generally plete Part IV, Section ation received a writte	ion operated in connectio <b>blete Part IV, Sections</b> anization operated in cor must satisfy a distribu <b>s A and D, and Part V.</b> en determination from f supporting organizatior	nnection v tion requ the IRS t	vith its s iremen	supported organization(s) t and an attentiveness	) that is not requirement (see				
f Enter the numbe	r of supported of										
(i) Name of supported o	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
<u>(</u> C)											
(D)											
(E)											
Total											

Schedule A (Form 990 or 990-EZ) 2019	Carnegie Council for Ethics in	1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,926,291.	851,862.	712,870.	432,525.	2,861,450.	6,784,998.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3	1,926,291.	851,862.	712,870.	432,525.	2,861,450.	6,784,998.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,717,808.		
6	Public support. Subtract line 5 from line 4						4,067,190.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total		
7	Amounts from line 4	1,926,291.	851,862.	712,870.	432,525.	2,861,450.	6,784,998.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,617.	671,077.	842,833.	567,862.	751,002.	2,888,391.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	42,890.	328,559.	555,249.	562,709.	2,087.	1,491,494.		
	Total support. Add lines 7 through 10						11,164,883.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	245,530.		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	►		
Sec	tion C. Computation of Pul	blic Support P	ercentage						
	Public support percentage for 20						36.43%		
	Public support percentage from					·	31.19%		
16a	6a 33-1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization► X								
b	33-1/3% support test-2018. If the and stop here. The organization								
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test check this	box and ston he	re. Explain in Par	t VI how		
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	' test, check this tion qualifies as a	box and <b>stop he</b> a publicly support	re. Explain in Part ted organization.	t VI how the		
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨		

Schedule A (Form 990 or 990-EZ) 2019

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
~	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010		(0) _0	(4) _0.0	(0) = 0 + 0	(1) 1010
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include					├	
14	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,				1		
	10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd, third, fourth, d	or fifth tax year as	a section 501(c)(3	
500	organization, check this box and						
	tion C. Computation of Pul Public support percentage for 20			ing 12 galume 1	~~~~~~		olo
15		•	•••••••				010
16 500	Public support percentage from tion D. Computation of Inv						6
						4-7	0.
17	Investment income percentage f	•		-			00 00
18	Investment income percentage f						
19a	<b>33-1/3% support tests</b> — <b>2019.</b> If t is not more than 33-1/3%, check						
h	<b>33-1/3% support tests – 2018.</b> If t		• •	•		-	
	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections

À and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3h

Yes

1

2

No



Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			
iec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ä	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	d Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	poses		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	nS,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
<b>e</b> Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

A (Form 990 or 990-EZ) 2019Carnegie Council for Ethics in13-1573954Page 8Supplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,<br/>Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;<br/>Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,<br/>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.<br/>(See instructions.)Page 8 Part VI

## Part II, Line 10 - Other Income

Nature and Source			2019		2018		2017		2016		2015
Other Income Management Fee	Total	\$ \$	2,087.	\$ \$	93,834. 468,875. 562,709.	\$ \$	46,057. 509,192. 555,249.	\$ \$	<u>328,559.</u> 328,559.	\$ \$	42,890. 42,890.

•	IEDULE D m 990)	OMB No. 1545-0047 2019 Open to Public Inspection							
Interna	ment of the Treasury I Revenue Service	ervice Go to www.irs.gov/rom/aao to instructions and the fatest mormation.							
	Internati	Council for Ethics		Cimilar Fund		13-157	dentification	number	
Part	Complete	if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 6	as or Acc 5.	ounts.			
	· · ·		(a) Donor advised fund	ds	<b>(b)</b> F	unds and	other acco	ounts	
2 3	Aggregate value of cor Aggregate value of gra	end of year ntributions to (during year) ants from (during year) at end of year							
5			nor advisors in writing that the ass organization's exclusive legal cor				Yes	No	
6	Did the organizati	ion inform all grantees, dono poses and not for the benefit	ors, and donor advisors in writing t t of the donor or donor advisor, or	that grant funds for any other p	s can be us ourpose cor	ed only	Yes		
Parl		tion Easements.			_				
			wered 'Yes' on Form 990, F y the organization (check all that a		/.				
1	Preservation o Protection of	of land for public use (for example in the second sec		Preservatio Preservatio		, ,			
2	Complete lines 2a last day of the tax		held a qualified conservation contribu	ution in the form				e Tax Year	
а	Total number of c	conservation easements			. 2a				
b	Total acreage res	tricted by conservation ease	ments		. 2 b				
С	Number of conser	rvation easements on a certi	fied historic structure included in	(a)	. 2 c				
	structure listed in	the National Register	n (c) acquired after 7/25/06, and r		. 2 d				
3	Number of conserv tax year ►	vation easements modified, trar	nsferred, released, extinguished, or t	erminated by the	e organizatio	on during th	ie		
		where property subject to conse							
	and enforcement	of the conservation easement	garding the periodic monitoring, in the interior of the second seco				<b>Yes</b> uring the ye	<b>No</b> ear	
7	► Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and en	forcing conserva	ation easeme	ents during	the year		
8	Does each conse and section 170(h	rvation easement reported or ))(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of sect	tion 170(h)(	4)(B)(i)	Yes	No	
9	In Part XIII, descrinclude, if application conservation ease	able, the text of the footnote t	ports conservation easements in it to the organization's financial stat	ts revenue and tements that de	expense st scribes the	atement a organizat	nd balance ion's acco	e sheet, and unting for	
Par	t III Organizat Complete	tions Maintaining Colle	<b>ections of Art, Historical Tre</b> wered 'Yes' on Form 990, F	easures, or ( Part IV, line 8	<b>Other Sin</b> 3.	nilar Ass	sets.		
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education al statements that describes these	, or research in	tement and furtherance	balance s e of public	sheet work service, p	s of art, provide in	
b	following amounts	s relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res				t works of provide the	art,	
			line 1						
•							Lauri .	91,850.	
2	If the organization amounts required	received or held works of art, h I to be reported under FASB	nistorical treasures, or other similar a ASC 958 relating to these items:	assets for financ	ial gain, pro	vide the fol	lowing		
			• 1						
BAA	For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 8	8/22/19	Sched	lule D (Foi	rm 990) 2019	

Schedule D (Form 990) 2019 Carne				13-1573	
Part III Organizations Mainta	ining Collections	of Art, Historica	l Treasures, or O	other Similar Asse	ts (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	_		e significant use of its c	ollection
a Public exhibition			change program		
<b>b</b> Scholarly research		e X Other Ex	hibited at Co	orporate Office	3
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		explain how they furth	er the organization's e	xempt purpose in	
Part XIII.					
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive an to be maintained	as part of the organi	zation's collection?	ther similar assets	Yes X No
Part IV Escrow and Custodia line 9, or reported an	Arrangements.	Complete if the o	rganization answ		m 990, Part IV,
<b>1 a</b> Is the organization an agent, trus	stee, custodian or oth	er intermediary for co	ontributions or other	assets not included	Yes No
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement				·····	Yes No
		piete the following ta		A	Amount
<b>c</b> Beginning balance					
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
<b>2 a</b> Did the organization include an a	mount on Form 990,	Part X, line 21, for e	scrow or custodial ac	count liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanation	has been provided of	on Part XIII	
Part V Endowment Funds. C					
1 - Deginning of year belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance b Contributions	33,180,170.	33,492,371.	33,104,432.	30,655,172.	33,941,356.
	1,690,853.		1,000,000.		
c Net investment earnings, gains,	358,994.	1,262,799.	2,137,939.	4,236,474.	-1,506,154.
and losses <b>d</b> Grants or scholarships	550,554.	1,202,133.	2,137,333.	4,230,474.	1,300,134.
e Other expenditures for facilities					
and programs	750,000.	1,575,000.	1,750,000.	1,787,214.	1,780,030.
f Administrative expenses					
<b>g</b> End of year balance		33,180,170.		33,104,432.	250.
2 Provide the estimated percentage	-		column (a)) held as	:	
<b>a</b> Board designated or quasi-endowm		.00 ⁸			
b Permanent endowment ►					
c Term endowment ►	0	0/			
The percentages on lines 2a, 2b, and					
<b>3a</b> Are there endowment funds not in t	he possession of the o	rganization that are he	ld and administered fo	r the	Yes No
organization by: (i) Unrelated organizations					3a(i) X
(ii) Related organizations					3a(ii) X
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended	-				
Part VI Land, Buildings, and					
Complete if the organi		'Yes' on Form 99	0, Part IV, line 1	1a. See Form 990	, Part X, line 10.
Description of property			Cost or other	(c) Accumulated	(d) Book value
		vestment)	basis (other)	depreciation	
<b>1 a</b> Land			19,500.		19,500.
<b>b</b> Buildings			4,234,281.	4,234,281.	0.
c Leasehold improvements			1,455,324.	964,485.	490,839.
d Equipment			414,772.	386,123.	28,649.
e Other			226,617.	221,871.	4,746.
Total. Add lines 1a through 1e. (Colum	n (d) must equal For	m 990, Part X, colum	n (B), líne 10c.)		543,734.
BAA				Schedu	le D (Form 990) 2019

Schedule D (Form 990) 2019 Carnegie Counci	l for Ethics in	13-	-1573954 Page 3
Part VII Investments – Other Securities. Complete if the organization answe	ered 'Yes' on Form 99	), Part IV, line 11b. See For	m 990, Part X, line 12
(a) Description of security or category (including name of security	) (b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other Limited Partnerships		End of Year Market Va	lue
(B)			
(C)			
(D)			
(A) (B) (C) (D) (E)			
(F)			
(G)			
(H)			
()			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).	2,132,027.		
		N / A	
Part VIII Investments – Program Related. Complete if the organization answe	ered 'Yes' on Form 990	), Part IV, line 11c. See For	m 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	•		
Part IX Other Assets.	N/A		
Complete if the organization answe	ered 'Yes' on Form 99	), Part IV, line 11d. See For	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, colun	nn (R) line 15 )		•
Part X Other Liabilities.			···
Complete if the organization answered 'Yes'	on Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X. lin	e 25.
	escription of liability	,, ., ., ., ., ., ., ., ., ., ., .,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

 Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 Carnegie Council for Ethics in	13-1573954	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 3	3,733,637.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	0.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	-347,850.
3 Subtract line 2e from line 1.	3 4	1,081,487.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	0.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	29,550.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 4	1,111,037.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		, ,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,243,463.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b> .	2e	
3 Subtract line 2e from line 1.		3,243,463.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<i>,</i> ,243,403.
a Investment expenses not included on Form 990, Part VIII, line 7b	0	
b Other (Describe in Part XIII.)	<u> </u>	
c Add lines 4a and 4b.	4c	29,550.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3,273,013.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# Part X - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material,

uncertain tax positions. Tax filings for years ended June 30, 2016 and later are

subject to examination by applicable taxing authorities.

BAA

SCHEDULE F			es Outside the Unite		OMB No. 1545-0047			
(Form 990)	<ul> <li>Complete if the or</li> </ul>	ganization answer ► Atta	ed 'Yes' on Form 990, Part IV, line ach to Form 990.	e 14b, 15, or 16.	2019 Open to Public			
Department of the Treasury Internal Revenue Service	► Go to <i>www.i</i>	► Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization	egie Council f	for Ethics	in		ification number			
Part I General Inform	national Affa	es Outside the	e United States. Complet	13-15739 te if the organizatio				
on Form 990, F	Part IV, line 14b.		•					
1 For grantmakers. Does the grantees' eligibility	the organization ma for the grants or assi	intain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assist the grants or assistance	ance, ce?XYes No			
2 For grantmakers. Describ United States. Par	-	zation's procedures	s for monitoring the use of its gra	ants and other assistance	outside the			
3 Activities per Region. (	The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)				
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
East Asian and the (1) Pacific		1		Research	3,000.			
(2) South Asia		1		Research	3,000.			
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
<u>(</u> 17)								
<b>3 a</b> Subtotal		2			6,000.			
c Totals (add lines 3a and 3b).		2			6,000.			
					6,000			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

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3954 Page **2** 

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Er th	nter total number of recipient organizati le grantee or counsel has provided a	ons listed above that a section 501(c)(3) equ	re recognized as cha uivalency letter	rities by the forei	gn country, recogniz	ed as tax-exempt b	y the IRS, or for whi	ch	0
	nter total number of other organization							►	0 (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal, other)
East Asia &	4		Wire Transfer			
	4		wile italistet			
	East Asia & Pacific			East Asia &	East Asia &	East Asia &

TEEA3503L 06/28/19



I ayc -
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1       Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).       □ Yes       X No         2       Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Form 3520 and 3520-A; don't file with Form 990).       □ Yes       X No         3       Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Trust by a Shareholder of a Passive Foreign Investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see				
<ul> <li>required to separately file Form 3520, Annual Řeturn To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</li></ul>	1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	Yes	X No
<ul> <li>organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).</li> <li>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li> </ul>	2	required to separately file Form 3520, Annual Řeturn To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S.	Yes	X No
<ul> <li>electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li> </ul>	3	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain	Yes	X No
<ul> <li>organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li></ul>	4	electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see	Yes	X No
If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	5	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign	Yes	X No
	6	If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	Yes	X No

BAA

TEEA3505L 06/28/19

Schedule F (Form 990) 2019

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Grants are paid to scholars doing independent work, whose reports are published in

the Organization's journal.

13-1573954

SCHEDULE I	G	rants and Ot	her Assistance	to Organizatior	ıs,	Ļ	OMB No. 1545-0047
(Form 990)			nd Individuals i				<b>20</b> 19
Department of the Treasury Internal Revenue Service	Comple	•	on answered 'Yes' on F ► Attach to Form 99 rs.gov/Form990 for the	0.	21 or 22.		Open to Public Inspection
	uncil for Ethic al Affairs, Inc		-			Employer identific	
Part I General Information on	Grants and Assist	ance					
1 Does the organization maintain record the selection criteria used to award							X Yes No
2 Describe in Part IV the organization's	•					Part IV	
Part II Grants and Other Assis Form 990, Part IV, line 2							
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	-						
	-						
2)	_						
	-						
3)	_						
	-						
4)	-						
	-						
5)	-						
	-						
6)	-						
7	-						
7)	_						
۰––––– ۹۱							
8)	_						
2 Enter total number of section 501(	c)(3) and government of	rganizations listed	in the line 1 table			•	0
3 Enter total number of other organiz		-					0
BAA For Paperwork Reduction Act Not				TEEA3901L			e I (Form 990) (2019)

13-1573954

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Research Stipend	23	80,795.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	ide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any oth	er additional information.

# Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grants are paid to scholars doing independent work, whose reports are published in

the Organization's journal.

Page 2

SCHEDULE J Compensation Information					MB No. 1545-0047			
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.								
	· _	2019 Open to Public						
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.							
		Employer identification	number	Inspection				
	International Affairs, Inc.	13-1573954						
Part I Question	s Regarding Compensation							
	···· · · · · · · · · · · · · · · · · ·			Yes	No			
VII, Section A, I	riate box(es) if the organization provided any of the following to or for a person listed on Fo ine 1a. Complete Part III to provide any relevant information regarding these items.							
	r charter travel Housing allowance or residence for							
Travel for co		onal residence						
Tax indemni	fication and gross-up payments							
Discretionar	y spending account Personal services (such as maid, c	hauffeur, chef)						
<b>b</b> If any of the boxe	s on line 1a are checked, did the organization follow a written policy regarding payment or							
	or provision of all of the expenses described above? If 'No,' complete Part III to expla	ain	. 1b					
	tion require substantiation prior to reimbursing or allowing expenses incurred by all of ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2					
,	any, of the following the organization used to establish the compensation of the organization							
Executive Direct	nsation of the CEO/Executive Director, but explain in Part III.	nization to						
X Compensati	on committee Written employment contract							
Independent	t compensation consultant X Compensation survey or study							
X Form 990 of	other organizations X Approval by the board or compensations	ation committee						
4 During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f a related organization:	iling						
	ance payment or change-of-control payment?				Х			
	r receive payment from, a supplemental nonqualified retirement plan?				Х			
- 1 /	r receive payment from, an equity-based compensation arrangement?				Х			
If Yes to any of	f lines 4a-c, list the persons and provide the applicable amounts for each item in Par	τ						
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
-	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension	sation						
contingent on th	e revenues of:	Sation						
0	1?				Х			
	anization?		5b		Х			
	or 5b, describe in Part III.							
6 For persons listed contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compense e net earnings of:	sation						
<b>a</b> The organizatior	ı?		. 6a		Х			
<b>b</b> Any related orga	anization?		6b		Х			
If 'Yes' on line 6a	or 6b, describe in Part III.							
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	≥d	7		Х			
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was s	subject						
to the initial con	tract exception described in Regulations section 53.4958-4(a)(3)?	-	. 8		v			
					Х			
9 If 'Yes' on line 8, section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulati 6(c)?	.UHS	9					
	Reduction Act Notice, see the Instructions for Form 990.	Schedule		1 990)	2019			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Dotiromont	(D) Nontavahla	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Joel Rosenthal (i		0.	0.	18,768.	23,955.	423,103.	0.
1 President (ii		0.	0.	0.	0.	0.	0.
Eva Becker (i		0.	0.	<u>5,740</u> .	<u>    19,876.</u>	<u>189,482</u> .	0.
2 VPFin thru 6/19 (ii		0.	0.	0.	0.	0.	0.
Deborah Carroll (i		0.	0.	<u>    19,876.</u>	858.	152,234.	0.
3 Director IT (iii		0.	0.	0.	0.	0.	0.
Madeleine Lynn (i		0.	0.	7,458.	<u>23,955</u> .	<u>   154,881.</u>	0.
4 Dir. Communcations (ii		0.	0.	0.	0.	0.	0.
Devin Stewart (i		<u> </u>	0.	<u>5,102</u> .	0.	<u>    159,946</u> .	0.
5 Senior Fellow (ii		0.	0.	0.	0.	0.	0.
Cynthia Scharf (i		<u> </u>	0.	<u>7,594.</u>	0.	<u>183,361</u> .	0.
6 Sr. Strategy Dir. (ii		0.	0.	0.	0.	0.	0.
(i							
(ii							
(i		<b>_</b>					
<u>8</u> (ii							
(i		<b>_</b>				L	
<u>9</u> (ii							
(i		<b>_</b>				L	
<u>10</u> (ii		-					
(i		+				+	
<u>11</u> (ii							
(i		+				+	
<u>12</u> (ii		-					
(i		+				+	
<u>13</u> (ii		-					
(i		+				+	
<u>14</u> (ii							
(i		<b> </b>		L		+	
15 (ii							
(i		+		L		+	
16 (ii	)						

13-1573954

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization Carnegie Council for Ethics in	Employer identification number
International Affairs Inc	13-1573954

#### Form 990, Part III, Line 1 - Organization Mission

Carnegie Council believes that the best way to address major international peace and security issues is to link thinkers and doers together in an ethical dialogue that reintegrates fragmented information into a broad-based, humanistic body of knowledge. To achieve this, the Council fosters a global network of academic partners, operates a global media platform, and produces public programming that convenes leading experts and the public. The Council's work serves as a bridge between the academy and the policy sphere, the academy and the public, and the academy within itself.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/executive committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board approved conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year, the executive committee reviews comparable salaries based on a recognized study and reviews the performance of the executive director to determine if the existing salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the board of directors reflect the nature of this process.

## Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year, the executive committee reviews comparable salaries based on a recognized

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

salary falls within these ranges. After a deliberation of this matter, a new

proposed salary and benefit package is voted on. The minutes of the board of

directors reflect the nature of this process.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.

			<b>.</b>								OMB No.	1545-004	7
SCHEDULE R (Form 990)			Organization ganization answe ►								19		
Department of the Treasury Internal Revenue Service			ww.irs.gov/Form9								Open to Inspe	o Publicection	с
Name of the organization Car	negie Council for Eth	ics in								Employer identif		ber	
	ernational Affairs, I									13-15739	54		
Part I Identification	of Disregarded Entities. C	complete	if the organiza	ation answ	vered 'Yes	s' on Forn	n 990,	Part IV, line	33.		r		
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ac	ctivity	(c) Legal domicile (stat or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct con entit		lling	
(1)			-										
		·	-										
(2)													
			-										
			-										
(3)			-										
			-										
Part II Identification had one or m	of Related Tax-Exempt Or ore related tax-exempt org	r <b>ganizati</b> anization	ons. Complete s during the ta	if the organ year.	ganization	answere	d 'Yes	' on Form 99	0, Part	IV, line 34,	becaus	e it	
Name, address, and	(a) EIN of related organization	Prim	<b>(b)</b> Primary activity		<b>c)</b> nicile (state n country)	(d) Exempt sectio	Code	<b>(e)</b> Public charity (if section 501	status (c)(3)) (f) Direct contr entity		olling	<b>(g)</b> Sec 512( ontrolled	entity?
(1) Carnegie Counc	il Fund Inc											Yes	No
170 East_64th New York, NY_1	Street	0			<b>T</b> 7	501()	. (2)	10		NT ( 7			
<u>13-4185528</u> (2)		5	upport	ľ	1Y	501(c)	) (3)	12		N/A			X
(3)													
_(4)													

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Schedule ${\bf R}$ (Form 990) 2019 Carnegie Council for Ethics in

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		5		1	•	3	,							
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlline entity	excluded from under secti	elated, inco m tax ons	of total	Sha end-c	<b>g)</b> re of of-year sets	Dispr tior alloca	iate tions?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	e part	ral or aging ner?	<b>(k)</b> Percentage ownership
		country)		512-514	)				Yes	No	1065)	Yes	No	
<u>(1)</u>														
<u>(3)</u>														
Part IV Identification of line 34, because	of Related Organ se it had one or	nizations more rela	Taxable as	s a Corporation zations treated	on or Trust. C d as a corpor	omplete ation or	if the o trust du	organiza uring the	tion a tax y	nswei ear.	red 'Yes' on	Form 9	90, Pa	art IV,
(a) Name, address, and EIN (	of related organizat	ion Prima	<b>(b)</b> ary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(C corp, or tr	S corp,	<b>(f)</b> Share total in	e of		<b>(g)</b> are of end-of- year assets	<b>(h)</b> Percentag ownership		<b>(i)</b> 512(b)(13) olled entity?
							,						Ye	s No
<u>(1)</u>		+ + +												
(2)														

(3)

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# Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		Х
c Gift, grant, or capital contribution from related organization(s)			1 c		Х
d Loans or loan guarantees to or for related organization(s)			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		Х
o Sharing of paid employees with related organization(s)			10		Х
<b>p</b> Reimbursement paid to related organization(s) for expenses			1р		Х
<b>q</b> Reimbursement paid by related organization(s) for expenses.			1 q		Х
r Other transfer of cash or property to related organization(s).			1 r		Х
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ed relationships and tran	saction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)		<b>(c</b> hod of d imount		
(1)					
(2)					
(3)					
(4)					
_					
(5)					
(6)					
BAA TEEA5003L 06/27/19		Schedule	(Forn	n 990)	2019

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations?		amount in box	(j) General or managing partner?		<b>(k)</b> Percentage ownership	
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	Ī	
(1)	-													
	-													
	-													
(2)														
	-													
	-													
(3)	-													
	-													
	-													
(4)	-													
	-													
	-													
(5)														
	-													
	-													
(6)	-													
	-													
(7)	-													
	•													
(8)	-													
										Sabadi				

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Provide additional information for responses to questions on Schedule R. See instructions.